Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2015

non to Publi

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20						, 20	
В	Check if ap	oplicable:	C Name of organization	D Employer identification number			
	Address o	hange	Amigos de Bolivia y Peru		85-0376611		
님	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite				
Н	Initial retu		7327 University Avenue	301-320-5068			
Final return/terminated Amended return			City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption			
	Application pending Glen Echo MD 20812-1014			Num	nber 🕨	>	
G	Account	ting Method:		Check ► ✓ if the organization is no			
	Website		amigosdebolivia y peru.org	required	I to att	ach Schedule B	
J.	Гах-exen	npt status (che	ck only one) — ✓ 501(c)(3)	(Form 9	90, 99	0-EZ, or 990-PF).	
			✓ Corporation ☐ Trust ☐ Association ☐ Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota				
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$		
Li	Part I		e, Expenses, and Changes in Net Assets or Fund Balances (see the			•	
_			the organization used Schedule O to respond to any question in this Part I				
	1		ons, gifts, grants, and similar amounts received		1	15	
	2	_	ervice revenue including government fees and contracts		2	0	
	3		ip dues and assessments		3	465	
	4	Investment			4	4	
	5a		unt from sale of assets other than inventory				
	b			_	0		
	6 6	Gain or (los Gaming an		5c	0		
ne	а	Gross inc \$15,000)					
Revenue	b	Gross inco	me from fundraising events (not including \$ of contribution	ıs			
Be.		from fundraising events reported on line 1) (attach Schedule G if the					
		sum of suc	h gross income and contributions exceeds \$15,000) 6b				
	С		t expenses from gaming and fundraising events 6c				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	otract			
		/			6d	0	
	7a		s of inventory, less returns and allowances				
	b		of goods sold				
_	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0	
	8		nue (describe in Schedule O)		8	0	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	2,000	
Expenses	10		I similar amounts paid (list in Schedule O)		10	2,000	
	11		aid to or for members		11	0	
	12		ther compensation, and employee benefits		12	0	
	13 . 14		al fees and other payments to independent contractors		13 14	0	
	15		/, rent, utilities, and maintenance		15	299	
	16		ublications, postage, and shipping		16	244	
	17				17	2,543	
	10		enses. Add lines 10 through 16		18	(2,059)	
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree		10	(=,-30)	
			r figure reported on prior year's return)		19	11,827	
¥Α	20	-	iges in net assets or fund balances (explain in Schedule O)		20		
ž	21		or fund balances at end of year. Combine lines 18 through 20		21	9,768	
_		:			-	:	

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rai	t II Balance Sheets (see the instructions to	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[11,827		9,768
23	Land and buildings		[23	0
24	Other assets (describe in Schedule O)		[24	0
25	Total assets		[11,827	1 - 1	9.768
26	Total liabilities (describe in Schedule O)		[26	0
27	Net assets or fund balances (line 27 of column			11,827	27	9,768
Part	Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)		
	Check if the organization used Schedule					Expenses
What	is the organization's primary exempt purpose?	Support Peace Corp	s and NGOs in Peru	and Bolivia		equired for section 1(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompli-	shments for each o	f its three largest p	rogram services,		anizations; optional for
as m	easured by expenses. In a clear and concise m	nanner, describe the			othe	ers.)
	ons benefited, and other relevant information for ea					
28	Gave two Peru grants of \$1,000 each to Chihnaya Fo		rce Foundation for p	rograms on		
	alpaca management and rural health in the Amazon	basin.				
	(Grants \$ 2,000) If this amount	includes foreign gra	ints, check here .	▶ 🗆	288	a 2,000
29	Maintained a website with news about the organizati					
	members informed about opportunities for continue	d service; participate	d in orientation sess	ions for		
	PC trainees going to Peru					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 📙	298	a 543
30						
		includes foreign gra	ints, check here .	▶ 📙	30a	a
31	Other program services (describe in Schedule O)					
		includes foreign gra			318	
	Total program service expenses (add lines 28a				32	
Part	List of Officers, Directors, Trustees, and Key	v Emplovees (list each	n one even it not com	nancatad caa tha ii	netru	ictions for Part IV)
						– –
	Check if the organization used Schedule		ny question in this	Part IV		<u> </u>
	Check if the organization used Schedule	O to respond to a				
		O to respond to a	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits, contributions to employ benefit plans, and	ree (e)	
Glori	Check if the organization used Schedule (a) Name and title	(b) Average hours per week	ny question in this (c) Reportable compensation	Part IV	ree (e)) Estimated amount of
	Check if the organization used Schedule (a) Name and title a Levin, President	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ree (e)	Estimated amount of other compensation
7327	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV	ree (e)) Estimated amount of
7327 Linds	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	n 0	e) Estimated amount of other compensation
7327 Linds 104 N	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary N. Sequoia Court, Sterling VA 20164	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ree (e)	Estimated amount of other compensation
7327 Linds 104 N John	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary N. Sequoia Court, Sterling VA 20164 I E Fletcher Jr, Treasurer	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	0 0	e) Estimated amount of other compensation 0
7327 Linds 104 N John 113 1	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary N. Sequoia Court, Sterling VA 20164 E Fletcher Jr, Treasurer Oth Street NE, Washington DC 20002	(b) Average hours per week devoted to position 10 1	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	n 0	e) Estimated amount of other compensation
7327 Linds 104 N John 113 1 Spen	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary N. Sequoia Court, Sterling VA 20164 a E Fletcher Jr, Treasurer Oth Street NE, Washington DC 20002 Ice Limbocker, Grants Coordinator	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio		e) Estimated amount of other compensation 0 0
7327 Linds 104 M John 113 1 Spen 6913	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary N. Sequoia Court, Sterling VA 20164 I E Fletcher Jr, Treasurer Oth Street NE, Washington DC 20002 Ice Limbocker, Grants Coordinator Oak Court, Annandale VA 22004	(b) Average hours per week devoted to position 10 1 1	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	e) Estimated amount of other compensation 0
7327 Linds 104 M John 113 1 Spen 6913 Diane	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary N. Sequoia Court, Sterling VA 20164 a E Fletcher Jr, Treasurer Oth Street NE, Washington DC 20002 ice Limbocker, Grants Coordinator Oak Court, Annandale VA 22004 be Hibino, Peace Corps Liaison	(b) Average hours per week devoted to position 10 1	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio		e) Estimated amount of other compensation 0 0
7327 Linds 104 N John 113 1 Spen 6913 Diane	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary N. Sequoia Court, Sterling VA 20164 a E Fletcher Jr, Treasurer Oth Street NE, Washington DC 20002 see Limbocker, Grants Coordinator Oak Court, Annandale VA 22004 e Hibino, Peace Corps Liaison Woodmont Avenue, Bethesda MD 20814	(b) Average hours per week devoted to position 10 1 1	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	e) Estimated amount of other compensation 0 0 0
7327 Linds 104 N John 113 1 Spen 6913 Diand 7701 Justi	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary N. Sequoia Court, Sterling VA 20164 IE Fletcher Jr, Treasurer Oth Street NE, Washington DC 20002 ICE Limbocker, Grants Coordinator Oak Court, Annandale VA 22004 IE Hibino, Peace Corps Liaison Woodmont Avenue, Bethesda MD 20814 In Lovell, Communications Coordinator	(b) Average hours per week devoted to position 10 1 1	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	e) Estimated amount of other compensation 0 0 0
7327 Linds 104 M John 113 1 Spen 6913 Diand 7701 Justi 545 E	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary N. Sequoia Court, Sterling VA 20164 a E Fletcher Jr, Treasurer Oth Street NE, Washington DC 20002 see Limbocker, Grants Coordinator Oak Court, Annandale VA 22004 e Hibino, Peace Corps Liaison Woodmont Avenue, Bethesda MD 20814	(b) Average hours per week devoted to position 10 1 1 1	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	©) Estimated amount of other compensation 0 0 0 0
7327 Linds 104 N John 113 1 Spen 6913 Diano 7701 Justi 545 E	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary N. Sequoia Court, Sterling VA 20164 a E Fletcher Jr, Treasurer Oth Street NE, Washington DC 20002 ace Limbocker, Grants Coordinator Oak Court, Annandale VA 22004 be Hibino, Peace Corps Liaison Woodmont Avenue, Bethesda MD 20814 an Lovell, Communications Coordinator Elm Avenue, San Bruno CA 94066 klin Salveson, Elections Coordinator	(b) Average hours per week devoted to position 10 1 1	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	©) Estimated amount of other compensation 0 0 0 0
7327 Linds 104 N John 113 1 Spen 6913 Diano 7701 Justi 545 E	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary N. Sequoia Court, Sterling VA 20164 IE Fletcher Jr, Treasurer Oth Street NE, Washington DC 20002 Ice Limbocker, Grants Coordinator Oak Court, Annandale VA 22004 Ie Hibino, Peace Corps Liaison Woodmont Avenue, Bethesda MD 20814 In Lovell, Communications Coordinator Elm Avenue, San Bruno CA 94066	(b) Average hours per week devoted to position 10 1 1 1	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	© Estimated amount of other compensation 0 0 0 0 0 0
7327 Linds 104 N John 113 1 Spen 6913 Diano 7701 Justi 545 E	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary N. Sequoia Court, Sterling VA 20164 a E Fletcher Jr, Treasurer Oth Street NE, Washington DC 20002 ace Limbocker, Grants Coordinator Oak Court, Annandale VA 22004 be Hibino, Peace Corps Liaison Woodmont Avenue, Bethesda MD 20814 an Lovell, Communications Coordinator Elm Avenue, San Bruno CA 94066 klin Salveson, Elections Coordinator	(b) Average hours per week devoted to position 10 1 1 1	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	© Estimated amount of other compensation 0 0 0 0 0 0
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7327 Linds 104 N John 113 1 Spen 6913 Diano 7701 Justi 545 E	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary N. Sequoia Court, Sterling VA 20164 a E Fletcher Jr, Treasurer Oth Street NE, Washington DC 20002 ace Limbocker, Grants Coordinator Oak Court, Annandale VA 22004 be Hibino, Peace Corps Liaison Woodmont Avenue, Bethesda MD 20814 an Lovell, Communications Coordinator Elm Avenue, San Bruno CA 94066 klin Salveson, Elections Coordinator	(b) Average hours per week devoted to position 10 1 1 1	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	© Estimated amount of other compensation 0 0 0 0 0 0
7327 Linds 104 N John 113 1 Spen 6913 Diano 7701 Justi 545 E	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary N. Sequoia Court, Sterling VA 20164 a E Fletcher Jr, Treasurer Oth Street NE, Washington DC 20002 ace Limbocker, Grants Coordinator Oak Court, Annandale VA 22004 be Hibino, Peace Corps Liaison Woodmont Avenue, Bethesda MD 20814 an Lovell, Communications Coordinator Elm Avenue, San Bruno CA 94066 klin Salveson, Elections Coordinator	(b) Average hours per week devoted to position 10 1 1 1	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	© Estimated amount of other compensation 0 0 0 0 0 0
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7327 Linds 104 N John 113 1 Spen 6913 Diano 7701 Justi 545 E	Check if the organization used Schedule (a) Name and title a Levin, President University Avenue, Glen Echo MD 20812 sey Carrasco, Secretary N. Sequoia Court, Sterling VA 20164 a E Fletcher Jr, Treasurer Oth Street NE, Washington DC 20002 ace Limbocker, Grants Coordinator Oak Court, Annandale VA 22004 be Hibino, Peace Corps Liaison Woodmont Avenue, Bethesda MD 20814 an Lovell, Communications Coordinator Elm Avenue, San Bruno CA 94066 klin Salveson, Elections Coordinator	(b) Average hours per week devoted to position 10 1 1 1	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	© Estimated amount of other compensation 0 0 0 0 0 0

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . 38a If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ► ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e List the states with which a copy of this return is filed ▶ New Mexico, Ohio 41 42a The organization's books are in care of ▶ John E Fletcher Jr 202-546-0817 Telephone no. ▶ Located at ▶ 113 10th Street NE, Washington DC 20002-6211 ZIP + 4 ▶ **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 45b

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Form 990	J-EZ (20	J15)								Page -		
									Yes	No		
		ne organization engage, directly or in ndidates for public office? If "Yes," co										
Part \		Section 501(c)(3) organizations		, raiti				. 46)	V		
rait		All section 501(c)(3) organizations		stions 47_49h ar	nd 52 ar	nd com	nolete th	a tahlas	for lin	20		
		50 and 51.	s must answer que	3110113 41 –43D ai	iu 52, ai	ia con	ipiete tii	e labies	101 111	103		
		Check if the organization used Sch	adula O ta raspand	l to any guestion i	n thic Da	r t \/I						
		Check if the organization used Sch	ledule O to respond	i to arry question i	II IIIIS FA	IL VI		· · ·	Yes	No		
47	Did +I	he organization engage in lobbying	activities or have a	section 501(h) elec	rtion in A	ffect di	ırina the	tav	163	INO		
		If "Yes," complete Schedule C, Part				nect at	aring the	. 47	,	.,		
	-	organization a school as described in				 ulo E		. 48	_	•		
		ne organization make any transfers to							_	•		
		es," was the related organization a se								-		
50		olete this table for the organization's								nd key		
50		oyees) who each received more than										
	Gp			1		Health b		0, 0	- 101101			
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contrib	contributions to benefit plans, an		(e) Estima				
			devoted to position	(Forms W-2/1099-MIS	S(.)	pians, ai compens		otner co	mpensa	ition		
None						•						
f	Total	number of other employees paid over	er \$100,000	. •	0							
51		olete this table for the organization's			ent contra	 actors	who each	receive	d more	e thar		
•	\$100,	,000 of compensation from the organ	nization. If there is no	one, enter "None."								
	(a)	Name and business address of each independent	ont contractor	(b) Type of	convice		(6)) Compensa	ntion			
	(a)	Name and business address of each independe	ent contractor	(b) Type of	Sel vice		(0)	Compenso	ition			
None												
				1								
								0				
d		number of other independent contra	=		. ▶			0				
52		the organization complete Schedu	le A? Note: All se	ection 501(c)(3) or	ganizatio	ns mu	ıst attacl	าุล	_			
	comp	oleted Schedule A						.► <u>~</u> Ye	s 📙	No		
		of perjury, I declare that I have examined this re						nowledge a	nd belief	, it is		
true, con	rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepa	rer nas any	Knowiea	je.					
O:	Signature of afficer						2/17/16					
Sign	Signature of officer							Date				
Here	John E Fletcher Jr, Treasurer Type or print some and title											
		Type or print name and title	Drangrada signatura		Doto			DTIN				
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